
WISCONSIN MEDICAID UPDATE

NOVEMBER 4, 1996

UPDATE 96-39

TO:
Occupational Therapists
Physical Therapists
Rehabilitation Agencies
Therapy Groups

Physical and Occupational Therapy CPT and HCPCS Code Changes - Effective: January 1, 1997

This *Update* replaces past information

This *Update* replaces Attachment 1 only in *Update 96-25* and covers the following changes:

- We have added two new codes and deleted two old codes.
- We have changed the time for a single unit of service for five occupational therapy (OT) and six physical therapy (PT) codes.
- We have changed the terminology for one PT code.

CPT and HCPCS procedure code changes for PT and OT services

The CPT and HCPCS procedure code changes are effective for dates of service on and after January 1, 1997. Wisconsin Medicaid requires independent physical therapists, occupational therapists, therapy groups and clinics, and rehabilitation agencies to use the code changes for requesting prior authorization and billing Medicaid physical therapy and occupational therapy services.

See Attachments 1 and 2 for the CPT (Current Procedural Terminology) and HCPCS procedure code changes for Medicaid occupational and physical therapy services.

New CPT and HCPCS procedure codes

Wisconsin Medicaid has added two new procedure codes:

1. Procedure code 97535.

The new selfcare/home management training procedure code 97535 replaces procedure codes 97540 and 97541. Use 97535 to request prior authorization and submit claims for selfcare/home management training services.

2. Procedure code 97542.

Wisconsin Medicaid covers the new wheelchair management/propulsion training procedure code 97542 only for services to an individual who has previously been evaluated *and* fitted for a wheelchair.

Deleted CPT procedure codes

Effective for dates of service on and after January 1, 1997, Wisconsin Medicaid no longer pays for services under deleted and obsolete PT and OT CPT procedure codes 97540 and 97541. See Attachment 3 for a summary of changed and deleted procedure codes.

Wisconsin Medicaid does not use two new CPT procedure codes

Wisconsin Medicaid does not use two new CPT procedure codes 97537 and 97703. Wisconsin Medicaid either does not cover these services or pays for the services under other procedure codes:

1. 97537 - Community work/reintegration training.
 - Wisconsin Medicaid reimburses community training under procedure code 97535.
 - Wisconsin Medicaid does not cover work reintegration.
2. 97703 - Checkout for orthotic/prosthetic use.
 - Wisconsin Medicaid reimburses prosthetic training under procedure codes 97520 and 97521.
 - Wisconsin Medicaid does not cover orthotic checkout separately, since it is included under DME (durable medical equipment) orthotic procedure codes. Consult the Medicaid DME Index for more information.

Other changes and clarifications

Corrected description

Wisconsin Medicaid changed the description for the OT procedure code 97139 to reflect the correct CPT code description.

Changed daily service limits

Wisconsin Medicaid limits coverage of some procedures to a specified number per day. Wisconsin Medicaid changed daily service limits for some procedures based on the procedure code description changes

Refer to Attachments 1 and 2 for the changes. (We highlighted the changes.)

Reminder that therapy assistants may not perform certain procedures

Wisconsin Medicaid's existing policy does not allow therapy assistants to perform certain procedures such as evaluations. As a quick reference, refer to Attachments 1 and 2 for the lists of procedures that therapy assistants may not provide.

Prior authorization

Use the code changes for all prior authorization requests

Use the code changes for all new prior authorization and spell of illness (SOI) requests for dates of service on and after January 1, 1997. Wisconsin Medicaid will not authorize or pay for services under old codes for dates of services on and after January 1, 1997.

Do not use the code changes when requesting retroactive coverage for dates of service before January 1, 1997.

What's new...

Wisconsin Medicaid is in the Department of Health and Family Services (DHFS) formerly known as the Department of Health and Social Services.

If you happen to be out "surfing" the Internet and feel like visiting the DHFS Web site, you can find it at this address:

<http://www.dhfs.state.wi.us/>

What to do for prior authorizations approved under deleted and changed codes

For prior authorizations approved under deleted or changed procedure codes effective January 1, 1997, you may do one of the following:

- ✓ Amend the prior authorization to reflect the code changes.
- ✓ Request a new prior authorization reflecting the code changes.

Continue to submit claims for prior authorized services under the old codes for dates of service on and before December 31, 1996. For dates of service on and after January 1, 1997, Wisconsin Medicaid will not pay for prior authorized services under deleted codes.

Wisconsin Medicaid will accept requests for amendments and new prior authorizations using the code changes beginning December 1, 1996. Refer to *Update 95-25* for instructions on how to amend prior authorizations.

Continue using Medicaid modifiers

Continue to use the listed Medicaid modifiers to request prior authorization and to bill Medicaid for PT/OT services. Refer to *Update 95-38* for more information on modifiers.

The modifiers are:

- Modifier "OT" for occupational therapy.
- Modifier "PT" for physical therapy.

Wisconsin Medicaid requires offsite therapy providers to follow Medicaid PT, OT, and SP coverage requirements

Wisconsin Medicaid requires providers, including offsite therapy providers, to follow Medicaid PT, OT, and Speech Pathology (SP) coverage requirements. This includes prior authorization requirements. Refer to Medicaid provider handbooks and *Updates* for more information.

Offsite therapy providers must use HCFA 1500

Wisconsin Medicaid requires separately certified therapy providers, including offsite therapy providers, to use the HCFA 1500 form when billing.

"Therapy services," "licensed hospital location," and "offsite" defined

The following definitions apply within the Medicaid program:

"Therapy services" means physical therapy (PT), occupational therapy (OT), and speech and language pathology (SP) services.

"Licensed hospital facility" means the physical entity surveyed and licensed by the Wisconsin Bureau of Quality Assurance under Chapter 50, Wis. Stats.

"Offsite" means away from the licensed hospital facility. Offsite includes services provided at sheltered workshops, nursing homes, and satellite offices.

Attachment 1
MEDICAID PROCEDURE CODES FOR OCCUPATIONAL THERAPY SERVICES
EFFECTIVE JANUARY 1, 1997
ALL CHANGES ARE HIGHLIGHTED

Allowable Places of Service for Specific Service Providers	
Rehabilitation Agencies [Type of Service (TOS) = 9]	Independent Therapists, Therapy Groups, and Therapy Clinics [Type of Service (TOS) = 1]
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
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MODALITIES

Change 10/1/96	90900	Biofeedback training; by electromyogram application (e.g., in tension headaches, muscle spasms) (15 minutes)	\$3	Not Applicable	Allowed
None	97010	Application of a modality to one or more areas; hot or cold packs (15 minutes)	\$1	1 per day	Allowed
None	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1	1 per day	Allowed
None	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	50¢	Not Applicable	Allowed

THERAPEUTIC PROCEDURES

None	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility	\$1	Not Applicable	Allowed
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Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
None	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed
None	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed
None	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlistered therapeutic procedure (specify)	\$1	Not Applicable	Allowed
Change 10/1/96	97150	Therapeutic procedure(s), group (2 or more individuals) (each 15 minutes)	\$1	Not Applicable	Allowed
Change 10/1/96	97250	Myofascial release/soft tissue mobilization, one or more regions (15 minutes)	\$2	Not applicable	Not Allowed
None	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2	1 per day	Not Allowed
None	97520	Prosthetic training, initial 30 minutes, each visit	\$1	1 per day	Allowed
None	97521	Prosthetic training, each additional 15 minutes	\$1	Not Applicable	Allowed
None	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not Applicable	Allowed
Add 10/1/96	97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions of adaptive equipment) direct one-on-one contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
Add 10/1/96	97542	Wheelchair management, propulsion training, each 15 minutes	\$1	Not Applicable	Allowed
Delete 10/1/96	97540	Training in activities of daily living (self care skills and/or daily life management skills); initial 30 minutes, each visit	-----	-----	-----

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
Delete 10/1/96	97541	Training in activities of daily living (self care skills and/or daily life management skills); each additional 15 minutes	----	----	----

OTHER PROCEDURES

None	97770	Development of cognitive skills to improve attention, memory, problem solving, including compensatory training and/or sensory integrative activities, direct (one on one) patient contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
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COMPREHENSIVE EVALUATION

Change 10/1/96	Q0109	Occupational therapy evaluation, initial (15 minutes)	\$2	Not Applicable	Not Allowed
Change 10/1/96	Q0110	Occupational therapy reevaluation, periodic (15 minutes)	\$1	2 per day	Not Allowed

Attachment 2
MEDICAID PROCEDURE CODES FOR PHYSICAL THERAPY SERVICES
EFFECTIVE JANUARY 1, 1997

ALL CHANGES ARE HIGHLIGHTED

Allowable Places of Service for Specific Service Providers		
Rehabilitation Agencies [Type of Service (TOS) = 9]	Independent Therapists, Therapy Groups, and Therapy Clinics [Type of Service (TOS) = 1]	
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8	

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
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OTHER PROCEDURES

None	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) (15 minutes)	\$1	1 per day	Not allowed
None	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) (15 minutes)	\$2	1 per day	Not allowed
Change 10/1/96	94667	Manipulation chest wall such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation (15 minutes)	\$1	1 per day	Allowed
Change 10/1/96	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent (15 minutes)	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
None	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation (15 minutes)	\$1	1 per day	Not allowed
None	94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent (15 minutes)	\$1	1 per day	Not allowed
None	94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants (15 minutes)	\$1	1 per day	Not allowed

MODALITIES

Change 10/1/96	90900	Biofeedback training: by electromyogram application (e.g., in tension headaches, muscle spasms) (15 minutes)	\$3	Not Applicable	Allowed
None	97010	Application of a modality to one or more areas; hot or cold packs (15 minutes)	\$1	1 per day	Allowed
None	97012	Application of a modality to one or more areas; traction, mechanical (15 minutes)	\$1	1 per day	Allowed
None	97014	Application of a modality to one or more areas; electrical stimulation (unattended) (15 minutes)	\$1	1 per day	Allowed
None	97016	Application of a modality to one or more areas; vasoneumatic devices (15 minutes)	\$1	1 per day	Allowed
None	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1	1 per day	Allowed
None	97020	Application of a modality to one or more areas; microwave (15 minutes)	\$1	1 per day	Allowed
None	97022	Application of a modality to one or more areas; whirlpool (15 minutes)	\$1	1 per day	Allowed
None	97024	Application of a modality to one or more areas; diathermy (15 minutes)	\$1	1 per day	Allowed
None	97026	Application of a modality to one or more areas; infrared (15 minutes)	\$1	1 per day	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
None	97028	Application of a modality to one or more areas; ultraviolet (15 minutes)	\$1	1 per day	Allowed
None	97032	Application of a modality to one or more areas; electrical stimulation (manual) (15 minutes)	\$1	Not Applicable	Allowed
None	97033	Application of a modality to one or more areas; iontophoresis (15 minutes)	\$1	Not Applicable	Allowed
None	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	50¢	Not Applicable	Allowed
None	97035	Application of a modality to one or more areas; ultrasound (15 minutes)	\$1	Not Applicable	Allowed
None	97036	Application of a modality to one or more areas; Hubbard tank (15 minutes)	\$1	Not Applicable	Allowed
None	97039	Unlisted modality (specify type and time if constant attendance) (15 minutes)	\$1	1 per day	Allowed

THERAPEUTIC PROCEDURES

None	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility	\$1	Not Applicable	Allowed
None	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed
None	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$1	Not Applicable	Allowed
Change 10/1/96	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes transfer training and stair climbing)	\$1	Not Applicable	Allowed
None	97122	Therapeutic procedure, one or more areas, each 15 minutes; traction, manual	\$1	Not Applicable	Allowed
None	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
None	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed
Change 10/1/96	97250	Myofascial/soft tissue mobilization, one or more regions (15 minutes)	\$2	Not Applicable	Not allowed
None	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2	1 per day	Not allowed
None	97520	Prosthetic training; initial 30 minutes, each visit	\$1	1 per day	Allowed
None	97521	Prosthetic training; each additional 15 minutes	\$1	Not Applicable	Allowed
None	97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes	\$1	Not Applicable	Allowed
Add 10/1/96	97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions of adaptive equipment) direct one on one contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
Delete 10/1/96	97540	Training in activities of daily living (self care skills and/or daily life management skills); initial 30 minutes, each visit	----	----	----
Delete 10/1/96	97541	Training in activities of daily living (self care skills and/or daily life management skills); each additional 15 minutes	----	----	----
Add 10/1/96	97542	Wheelchair management, propulsion training, each 15 minutes	\$1	Not Applicable	Allowed

COMPREHENSIVE EVALUATION

Change 10/1/96	Q0103	Physical therapy evaluation; initial (15 minutes)	\$2	Not Applicable	Not allowed
Change 10/1/96	Q0104	Physical therapy re-evaluation; periodic (15 minutes)	\$1	2 per day	Not allowed

Attachment 3
SUMMARY OF MEDICAID PROCEDURE CODE CHANGES FOR OCCUPATIONAL AND PHYSICAL THERAPY
EFFECTIVE JANUARY 1, 1997

ALL CHANGES ARE HIGHLIGHTED

Action	Procedure Code	Description	Daily Service Limit
Delete 10/1/96	97540	Training in activities of daily living, initial 30 minutes, each visit	-----
	97541	Training in activities of daily living, each additional 15 minutes	-----
Change 10/1/96	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes transfer training and stair climbing)	Not Applicable
	90900	Biofeedback training; by electromyogram application (e.g., in tension headaches, muscle spasms) (15 minutes)	Not Applicable
	97250	Myofascial release/soft tissue mobilization, one or more regions (15 minutes)	Not Applicable
	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation (15 minutes)	1 per day
	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function subsequent (15 minutes)	Not Applicable
	97150	Therapeutic procedure(s), group (2 or more individuals) (each 15 minutes)	Not Applicable
	Q0103	Physical therapy evaluation, initial (15 minutes)	Not Applicable
	Q0104	Physical therapy reevaluation, periodic (15 minutes)	2 per day
	Q0109	Occupational therapy evaluation, initial (15 minutes)	Not Applicable
	Q0110	Occupational therapy reevaluation, periodic (15 minutes)	2 per day
Add 10/1/96	97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures and instructions of adaptive equipment) direct one on one by provider (each 15 minutes)	Not Applicable
	97542	Wheelchair management, propulsion training (each 15 minutes)	Not Applicable

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